

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Office of the Medical Director
Indigent Medications Program (IMP)
Coordinator-Suzane Wilbur
213-509-3967
213-738-2060

OLANZAPINE/ZYPREXA

Client Eligibility Criteria:

Must be a US Citizen.

Does not have benefits, e.g., SSI, Medi-Cal, HMO, etc.

May receive General Relief or Interim Funding.

Has no prescription coverage.

Does **not** have Medicare. (Special Lilly program available for Medicare beneficiaries.)

Eli Lilly process:

Application good for 4 months. (Reminders will be sent after 3 months.)

Notify Eli Lilly if client receives benefits or financial situation changes.

Checklist:

___PAP identifier "Y-PAP" is entered into client's IS Financial Screen in HMO/PHP field **before entering the PATS prescription** that corresponds to this application.

___MD has completed and signed Zyprexa PAP application Form. Please order a **four months' supply of meds on the application.**

___Zyprexa prescription **for one month's supply of medication** is entered into PATS. **Make sure the PAP identifier is in the IS prior to entering this prescription.**

___DMH form Authorization for Use or Disclosure of Protected Health Information (PHI) is explained and client has signed. This form is filed in client's chart.

___Zyprexa PAP application form is explained and client has signed.

Procedure:

___Zyprexa PAP application form is faxed to Eli Lilly, **703-310-2534.**

___Zyprexa PAP application form copy is faxed to DMH Pharmacy Services, **213-637-2550. (Please write MIS# on this copy.)**

___Zyprexa PAP original application forms are filed in central location in clinic.

___Date is entered into appropriate section of DMH form Account Tracking Log.